

Statement of Organization  
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

\_\_\_\_\_  
Date qualified as committee

☒ Amendment

List I.D. number:

# pending see attached

82404

Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

Date Stamp

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CITY OF MOUNTAIN VIEW

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OFFICE OF  
CITY CLERK

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Laura Macias for Mtn View City Council

STREET ADDRESS (NO PO. BOX)

CITY Mountain View STATE CA ZIP CODE 94040 AREA CODE/PHONE 650-967-6098

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

laura.macias@juno.com

COUNTY OF DOMICILE

Santa Clara County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Martha Jensen

STREET ADDRESS

CITY Mountain View STATE CA ZIP CODE 94040 AREA CODE/PHONE 650-960-1871

NAME OF ASSISTANT TREASURER, IF ANY

Laura Macias

STREET ADDRESS

CITY Mountain View STATE CA ZIP CODE 94040 AREA CODE/PHONE 650-967-6098

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sept 1, 2004  
DATE

Executed on Sept 1, 2004  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

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I.D. NUMBER

COMMITTEE NAME

Laura Macias for Mtn View City Council

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Laura Macias	Council Member Mtn View	2004	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	650 855 7581	565 1260 841
ADDRESS	CITY	STATE ZIP CODE
590 Castro Street	Mountain View	CA 94

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME

Laura Macias for Mtn View City Council

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I.D. NUMBER

pending

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.